PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD  Application or union unless it displays a valid OMB control number  Application or Docket Number											
Substitute for Form PTO-875									170	1618	OS/
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMAL								.ENTITY	OR.		ER THAN L ENTITY
_	FOR	N	IUMBER FILED NUM		BER EXTRA		RATE	55.5	7		1
(37	SIC FEE CFR 1.16(a))					1	IVATE	FEE	1	RATE	FEE
	TAL CLAIMS CFR 1.16(c))		minus		1		\$	OR		\$	
	DEPENDENT CLA	IMS			<del></del>	1	× \$=	<del> </del>	OR	X \$=	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	X \$=	<del> </del>	OR	x3=	<del> </del>
* If the difference in column 1 is less than zero, enter "0" in column 2.						ال	+\$=	<del> </del>	OR	+ 2:=	<u> </u>
	CLAIMS AS AMENDED - PART II						TOTAL	L	OR	TOTAL	L
3.67-17											
<u>ر</u> ۷		(Column 1)		(Column 2)	(Column 3)	ו ר	SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY
AMENDMENT A	Total	REMAININ AFTER AMENDME	_ i	NUMBER PREVIOUSLY PAID FOR	PRESENT/ EXTRA		RATE	ADDI- TIONAL FEE	/	RATE	ADDI- TIONAL FEE
	(37 CFR 1.16(c)) Independent	<del>                                     </del>		1.4	T-/_		x s=		OR.	x s_ =	7
	(37 CFR 1.16(b))	(	24/3	Mrc	=/		x \$=		OR	x \$ =	/
<u>م</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+5 =	/
						•	TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE	
	<del></del>	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)					:	
AMENDMENT B		REMAINING . AFTER AMENDMEN	İ	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))		Minus	••	=		X \$_ =				FEE
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Ā	FIRST PRESENT	ATION OF MULT	IPLE DEPEND	ENT CLAIM (37 C	FR 1.16(d))	r	+s =		OR	X \$=	
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		(Column 1)		(Column 2)	(Column 3)		1		OK	ADD'L FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN	1 .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	<u> </u>	Minus	••	.=	Γ,	(\$ =		00	<del></del>	FEE
	Independent (37 CFR 1.16(b))	•	Minus	***	n		( \$=		OR OR	X \$ =	
≤	FIRST PRESENTA	ATION OF MULTI	PLE DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	Γ,	+s =		OR		
* If the entry in column 1 is loss than the						1	OTAL DD'L FEE		OR L	+ s = TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".											
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